



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

M&D  
Transfer/Receiving **2005**

**Budget** ZZ107  
**Fund** 114

License #

**BUSINESS FILING AND VERIFICATION SECTION**  
**Transfer/Receiving Station**

**Initial/ Renewal/Amended license application**  
(Health and Safety Code, Chapter 435)

Return the completed application and **non-refundable check or money order** to:

Texas Department of State Health Services - Food & Drug Licensing,  
MC-2003 PO Box 149347, Austin, Texas 78714-9347

For Assistance call (512) 834-6727

(PL)(MA)

Name business is conducted under(DBA): \_\_\_\_\_

Physical address to be licensed: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number at physical address: \_\_\_\_\_

**For New and/or Amended:** Application and fee must be received prior to an inspection. Please allow 4-6 weeks for processing time.

**Check only one below:**

**New licenses only** (includes change of ownership)

**FEE DUE**

Start date of regulated activity within Sept 1 – Feb28/29 **\$800.00**

Start date of regulated activity within March 1 – Aug 31 **\$600.00**

**Amend license only:**

Amend license (For change of dba name and/or location change only) **\$400.00**

**Renewal only:** A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

If renewing your license check here  **Renewal fee due** \$824.00

**Operation Performed at the Facility listed above: (check all that apply)**

- Receiving Station** – Any place, premise or establishment where raw milk is received, collected, handled, stored, or cooled and prepared for further transporting.
- Milk Tank Truck Cleaning Facility** – Any place, premise, or establishment, separate from a milk plant, receiving or transfer station, where a milk tank truck is cleaned and sanitized.
- Transfer Station** – Any place, premise, or establishment where milk or milk products are transferred directly from one milk tank truck to another.
- Unloading Station** – Any receiving station, transfer station, or milk processing plant where milk or milk products are unloaded from milk tank trucks.

**Verification:** I swear or affirm that all information in this application is true and correct. I further certify by signature hereon that I am authorized to execute this document on behalf of the corporation, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Health & Safety Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

\_\_\_\_\_ Date: \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

**Title:**  Owner  President  Partner  Corporate Designee/Agent

**Purpose of this application:** Mark appropriate box to **indicate** purpose of this application and/or any changes in the status of firm.

**Renewal** – Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

**New** Estimated start date of regulated activity: \_\_\_\_\_

**Change in ownership** – Requires submission of application and fee as listed on page 1. If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

Previous owner name: \_\_\_\_\_

Previous business name (dba): \_\_\_\_\_

Effective date of change: \_\_\_\_\_

**Amended** – If business name (DBA) or location has changed, submission of fee is required as listed on page 1.

Change of location (previous location): \_\_\_\_\_

Change of DBA name (previous name): \_\_\_\_\_

Other: \_\_\_\_\_

Effective date of change above: \_\_\_\_\_

Notice that firm is out of business. Date closed: \_\_\_\_\_

**Sign & date page 1 & return for deletion from our records.**

No required to license. Reason: \_\_\_\_\_

**WEBSITE / INTERNET ADDRESS:** <http://www.>\_\_\_\_\_

**Mailing address information.** The license and/or courtesy renewal notice will be sent to the address below.

Mailing name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of application preparer (contact person): \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

Fax number of contact person: \_\_\_\_\_

**License Holder Information:** Please list the 11 digit state Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit Employee Identification Number (EIN).

\_\_\_\_\_

Taxpayer number

\_\_\_\_\_

EIN number

For the information below, complete the **box** that applies to the ownership of the license.

**Sole Owner / Proprietorship**

Name of sole owner: \_\_\_\_\_

**University/College**    **County/Department**    **Family Trust**

\_\_\_\_\_

Name of entity

\_\_\_\_\_

President / Officer

**Partnership**     **LP**     **LLP**     **LTD**

Effective date of partnership: \_\_\_\_\_

\_\_\_\_\_

Name of partnership

\_\_\_\_\_

Partner name

\_\_\_\_\_

Partner name

\_\_\_\_\_

Partner name

\_\_\_\_\_

**Corporation**     **LLC**

Date & Place of Incorporation: \_\_\_\_\_

Name of corporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Officer name: \_\_\_\_\_

Officer name: \_\_\_\_\_

Name of registered agent: \_\_\_\_\_

**Privacy Notification:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You have the right to ask the state agency to correct any information that is determined to be incorrect.

You may visit our website at: [www.dshs.texas.gov/milk](http://www.dshs.texas.gov/milk)

**BE SURE TO COMPLETE ALL PAGES OF THIS FORM**